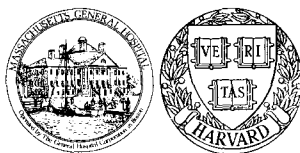




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April 19, 1985

Max Essex, DVM, PhD.
Department of Cancer Biology
Harvard School of Public Health
665 Huntington Avenue
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Dear Max:

Thanks for your letter requesting opinions regarding human retrovirus terminology. To me, the most sensible approach would be to call the three identified viruses Human Retroviruses 1, 2, and 3. The reasons for this are many:

1. It would allow subsequent retroviruses to be sequentially named and avoid the nonsense that has occurred with other viruses. For example Cocksackie and ECHO viruses, ridiculous names, have now been replaced by enterovirus 69, 70, etc.
2. Current names are all unsatisfactory. None of the three isolated viruses is completely T-lymphotropic (HTLV-I replicates in endothelial cells, HTLV-III replicates in monocytes, certain B cells, and CNS cells of undefined types). LAV is totally inappropriate and ARV is unnecessarily pejorative. The virus can apparently cause many other syndromes in addition to AIDS (acute mono syndrome, thrombocytopenia, encephalopathy), thus ARV is inappropriate.
3. It would avoid priority claims. All know that both the Gallo and Montagnier groups deserve great credit, so why bother with a nomenclature conflict? Without doubt the worst solution of all would be the compromise HTLV-III/LAV.

I don't see any reasons not to use the HRV 1, 2, 3, terminology, and many reasons why it is preferable to other suggestions. I hope these opinions are helpful. Best wishes.

Sincerely yours,

Martin S. Hirsch, M.D.

MSH/js

cc: Harold E. Varmus, M.D.